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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1							Office Use C	inly
1. NAME OF COMMITTEE (In	ı fulf)		(Check if name is changed)		ple:If typing, type he lines.	12FE4N		
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COMMITTEE'S E-MA	AIL ADDRES	S						
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COMMITTEE'S FAX	NUMBER							
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2. DATE <u>(</u>	4 6	, [	2006					
3. FEC IDENTIFI	CATION NU	MBER	▶ Co	0,3,4	1.46.4.8			
4. IS THIS STATE	MENT T	NE	:W (N) OR	ā	AMENDED (A)			
I certify that I have	examined thi				nowledge and belief	it is true, con	rect and comple	ete.
Type or Print Name	of Treasurer		CORINNE A	. FA	LENCKI			
Signature of Treasu	rer /	7 <u>/</u>	cf. Fr	<u></u>	·	Date C	9 63	2006
NOTE: Submission of					ject the person signing			s of 2 U.S.C. §437g.
Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100			FORM 1 ed 02/2003)

(3/2005)

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